

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/890186	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1				1		51				
2		1				1	52				
3		1				1	53				
4		1				1	54				
5		1				1	55				
6		1				1	56				
7		1				1	57				
8		1				1	58				
9		1				1	59				
10		1				1	60				
11		1				1	61				
12		1				1	62				
13		1				1	63				
14		1				1	64				
15		1				1	65				
16		1				1	66				
17		1				1	67				
18		1				1	68				
19							69				
20							70				
21		(1)					71				
22		(1)					72				
23		(1)					73				
24		(1)					74				
25		(1)					75				
26							76				
27							77				
28		1				1	78				
29		(1)				1	79				
30		1				1	80				
31							81				
32		1				1	82				
33							83				
34		1				1	84				
35						1	85				
36						1	86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1				1		TOTAL IND.				
TOTAL DEP.	27				17		TOTAL DEP.				
TOTAL CLAIMS	28				18		TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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